### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

#### INTOX DMT MAINTENANCE REPORT

Complete this report at the time of the regular monthly preventive maintenance ch

#1

Complete this report wh Retain the original and s	enever the instrument is end a copy within 15 da	serviced or repa ays to the Breath	ired and whene Alcohol Progra	n, <del>DASS.</del>	Day at 3:39	pm, Aug 11, 2015	
INTOX DMT SN 500187	ol .		DATE OF INSPECTION 08/02/2015				
LOCATION OF INSTRUMENT (STREET AND CITY)  Montgomery Co Jail, 211 E 3rd St., Montgomery City					TIME OF INSPECTION 07:35:12		
CHECKLIST: Place a n values where determined	eark in the box by each it d). Unmarked items mus	tem if found to be st be corrected be	e satisfactory or efore using inst	is operating w ument	ithin established limits	. (Write in observed	
☑ DIAGNOSTIC REC	ORD						
DATE AND TIME_	-	☑ DETECTOR					
☑ PROGRAM		☑ FILTER 1					
SAMPLE CHAM		☑ FILTER 2					
☑ BREATH TUBE		☑ FILTER 3					
☑ PUMP			☑ INTERNAL STANDARD				
BREATH ANALYZER A	CCURACY STANDAR	RDS					
☑ SIMULATOR STANDARD			☐ COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER GUTH			OT# <u>13280</u>	3280 EXF		EXP. DATE <u>10/16/2015</u>	
SIMULATOR TEMP	(34°C ± 0.2°C) <u>34.0</u>	s	IMULATOR SI	MP2411	SIMULATOR EXP	DATE <u>08/28/2015</u>	
☑ 0.10% STAN ☐ 0.08% STAN	the box corresponding IDARD - MUST READ I IDARD - MUST READ I IDARD - MUST READ I	BETWEEN 0.09 BETWEEN 0.07	5% AND 0.105 6% AND 0.084	% INCLUSIVE			
TEST 1: 0.099 TEST 2: 0.0			38		TEST 3: 0,098		
PERFORM R.F.I. TE	ST	<u> </u>	<del></del> .				
NDICATE THE NUMBE	R OF BREATH TEST	S IN THE FOLL	OWING RANG	SES SINCE T	HE LAST MAINTEN	ANCE REPORT:	
·····	)04: 0	.0509: 0	.1014		.1519: 0	OVER .19: 0	
IST ANY NEW PARTS AND DESCR STABLISHED LIMITS (USE OTHER	RIBE ANY ALTERATION OR MODI SIDE IF NECESSARY)	FICATION THAT WAS I	MADE TO RESTORE	HE INSTRUMENT TO	O OPERATE SATISFACTORILY	CAND WITHIN	
NSPECTING OFFICER							
KONATURE OO U M			PRINT FULL NAME				
		EXPIRATION D	ATE	RAYMOND S MILLER TELEPHONE NUMBER			
230329 RETURN COMPLETED	DEDODT TO THE O	12/23/20		573-751-1			
	Sc	outheast District	Office		ilth and Senior Servic	es	



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# PERMIT TYPE II

## RAYMOND S MILLER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE12/23/2013	Wante
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230329	Gal Vasterly
EXPIRES 12/23/2015	. 1
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
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